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|--|----|---------------------|--------------|
| Mail Stop Non-Fee Amendment TRANSMITTAL FORM <i>(To be used for all correspondence after initial filing)</i> | | Application Number | 09/586,054 |
| | | Filing Date | June 2, 2000 |
| | | Confirmation Number | 5574 |
| | | Inventor(s) | HILL et al. |
| | | Group Art Unit | 3761 |
| Express Mail Label No.: EV 196252505 US | | Examiner | Erezo, D |
| Total Number of Pages in This Submission: | 20 | Attorney Docket No. | 98-37 RCE |

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| ENCLOSURES (check all that apply) | | |
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| <input type="checkbox"/> Fee Attached \$ <input type="text"/> | <input type="checkbox"/> Cover Sheet | <input type="checkbox"/> After Allowance Communication to Group |
| Check No.: <input type="text"/> | <input type="checkbox"/> Drawing Change Authorization Request and Amended Figure(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment / Response | <input type="checkbox"/> Request for Return of PTO-1449 Forms | <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to the Commissioner | <input type="checkbox"/> Request for Continued Examination (RCE) |
| <input type="checkbox"/> Affidavits / Declaration(s) | <input type="checkbox"/> To Convert a Provisional Application | <input type="checkbox"/> Status Request Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Address | <input type="checkbox"/> Small Entity Statement |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Terminal Disclaimer(s) | <input type="checkbox"/> Request for Refund |
| <input type="checkbox"/> Form PTO-1449 | <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Response to Missing Parts / Incomplete Application |
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| Number of Figs. <input type="text"/> and cover sheet | | |
| <input type="checkbox"/> Formal | | |
| <input type="checkbox"/> Informal | | |

Current Due Date: January 7, 2004

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Individual and Company | Michael W. Haas, Reg. No. 35,174 RESPIRONICS, Inc., 1010 Murry Ridge Lane, Murrysville PA, 15668 |
| Signature | <i>Michael W. Haas</i> |
| Date | January 6, 2004 |

| CERTIFICATE OF MAILING | |
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